

FORM PTO-1449 (modified) To: U.S. Patent and Trademark Office Information Disclosure Statement by Applicant	Attorney Docket No.: 2545-0506
	Applicant: BENCIVENNI, Marco;
	Appln. S.N.:
	Filing Date: May 17, 2006
	Examiner:
Group Art Unit:	
Date: May 17, 2006	Page 1 of 1

**U.S. PATENT/PATENT APPLICATION DOCUMENTS**

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	5,284,164	02/1994	Andrews			
	BR	2001/0049568	12/2001	Focke			
	CR	5,695,070	12/1997	Draghetti			
	DR	4,363,235	12/1982	Vulliens			
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

**FOREIGN PATENT DOCUMENTS**

						English Abstract		Translation Readily Available?	
		Document Number	Date MM/YY YY	Country	Inventor Name	Enclosed/ Cited Herein	N O	Enclosed/ Cited Herein	N O
	OR	EP0500302A2	08/1992	EPO	Adkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR	DE3917606A1	12/1989	Germany	Wochnowski	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	QR	GB2220342A	01/1990	Britain	Wochnowski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)**

	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner:

Date Considered:

\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.